PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

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YOUNG & TH 209 Madison Str Suite 500	reet		I he Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ALEXANDRIA.	, VA 22314				e County County (County County Co	(Depositor's name)	
			and the second		aki di kalenda ja maya dagi masa ka ga yang pengangan APA ABA MASA Abi Aba Aba Aba Aba Aba ayan ka saman da ka Aba ayan ayan ayan ayan ayan ayan ayan ay	(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/576,015	05/31/2006		Roger Rouphael		0563-1073	8821	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	DDEW DAID IOCUE	EVI T (SOCIAL EXP.(S) DAVID		
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EXAMINER		ART UNIT	CLASS-SUBCLASS				
YOUNG, EDWIN 1. Change of correspondence address or indication		3681	477-034000				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIC CONTINENT	ess an assignee is ident n in 37 CFR 3.11. Comp GNEE "AL AUTOMOTI"	ified below, no assignee oletion of this form is NC	(B) RESIDENCE: (CITY TOULOUS	atent. If an assignee assignment. and STATE OR COU E, FRANCE	JNTRY)	ocument has been filed for our parties of the course out the course out the course of	
	o small entity discount p	permitted)	 ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 25-0120 (enclose an extra copy of this form). 				
	SMALL ENTITY statu	is. See 37 CFR 1.27.	(If Necessary) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
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Authorized Signature Benote Castel			Date November 24, 2008				
Typed or printed name Benoît Castel			Registration No35,041				
Homaidia, Tighin 2231	13 1130.		on is required to obtain or r 1.14. This collection is est y depending upon the indiv the Chief Information Office COMPLETED FORMS TO spond to a collection of info			I by the USPTO to process) gg athering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.	